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T-165 P.001/001 F-481

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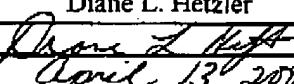
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2880 7590 02/17/2006
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Diane L. Hetzler (Depositor's name)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/758,581	01/15/2004	Daniel Y. Du	PC 25428A	5914

TITLE OF INVENTION: ANDROGEN RECEPTOR ANTAGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEAMAN, D MARGARET M	1625	546-157000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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J. Michael Dixon

Charles W. Ashbrook

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WARNER LAMBERT COMPANY LLC

MORRIS PLAINS, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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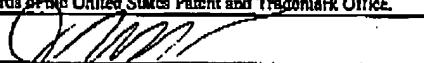
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23.0455 (enclose an extra copy of this form).

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Authorized Signature 

Date 4/17/06

Typed or printed name

J. Michael Dixon

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